

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/856552 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1	1			
3	2		1			
4	0		1			
5	0		1			
6	0		1			
7	1		1			
8		1	1			
9	2		1			
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TOTAL IND.		1	2	1	2	1
TOTAL DEP.		1	2	1	2	1
TOTAL CLAIMS		2	3	2	3	2

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		1	2	1	2	1
TOTAL DEP.		1	2	1	2	1
TOTAL CLAIMS		2	3	2	3	2

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Corrected
7/10

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